

Dear Members of the Human Services Committee of the Connecticut General Assembly:

My name is Matthew Meizlish, and I am an MD/PhD student in my final year at Yale School of Medicine. I grew up in Connecticut and have lived in New Haven for 13 years. **I am testifying in support of S.B. No. 956, “AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS,”** with language that clearly extends eligibility for all HUSKY programs to all CT residents, regardless of immigration status.

Like most health care providers, I entered the field of medicine to care for all members of my community. Our state has made huge strides toward removing the barriers to health care for most CT residents, bringing the uninsured rate under 6%. **And yet, we have systematically excluded undocumented members of our community from this progress.** Undocumented immigrants are not allowed to enroll in HUSKY and are even prohibited from purchasing private insurance on the state marketplace established by the Affordable Care Act. The predictable outcome is that more than half of undocumented immigrants are uninsured. Instead, we rely on under-resourced clinics and emergency care in hospitals once patients’ conditions are already advanced.

One of my first experiences in medicine was working as a Spanish-English interpreter at HAVEN, a free clinic run by Yale medical and nursing students. On Saturday mornings, HAVEN provides basic health care for uninsured, mostly undocumented immigrants in the Fair Haven community of New Haven. Patients come to HAVEN because they have no other options for health care. The students there do critically important work, but it should not be necessary. The existence of this clinic is an indictment of our system. **Is there any legislator that believes that this is an adequate solution—that a student-run free clinic open one half day per week should be the only avenue for any member of our community to obtain health care?**

Though we restrict undocumented immigrants’ access to health care, our health care system still ultimately incurs the costs. Hospitals are required to treat emergency medical conditions, regardless of an individual’s immigration status. The state pays for this through Emergency Medicaid and for other uncompensated care through government subsidies. The way that this care is delivered, however, makes little sense—for the state or the patient. Restricting patients from accessing health care until their medical conditions are advanced leads to more expensive treatments that are less likely to succeed.

In thinking about how we might improve this system, the state’s response to COVID-19 offers a window into what is possible. Recognizing that immigrant communities have been particularly devastated by the pandemic, Connecticut expanded Emergency Medicaid to cover COVID-19 testing and treatment for all low-income residents, regardless of their immigration status. This decision has saved lives, both by preventing illness and treating it early. The wisdom of this approach is obvious, but it is not unique to COVID-19. Improving access to care is always the right approach to community health.

What is our state achieving by blocking undocumented immigrants from obtaining health insurance? Preventing people from accessing health care does not prevent them from developing the diseases or sustaining the injuries that will require emergency care and hospitalization. It

merely prevents us from treating those illnesses early and effectively. This is not sound policy. And in the long run, it is unlikely to save money. Ultimately, blocking access to health insurance is simply punitive—rooted in the misguided belief that undocumented immigrants do not deserve access to adequate medical care.

Today, we have an opportunity to begin to repair that damage, by voting SB 956 out of committee and beginning to remove the barriers to quality health care for undocumented members of our community.

Sincerely,
Matthew Lowell Meizlish, MPhil
MD/PhD Candidate, Yale School of Medicine